

**STATE OF IDAHO
DIVISION OF BUILDING SAFETY
HVAC BUREAU
(208) 334-6180**

APPLICATION FOR APPRENTICE REGISTRATION

- A \$15.00 non-refundable registration fee must accompany this application.
- Complete and acceptable information is required.
- A copy of your current pictured identification must accompany this application.
- Mail your application and fee to: **Division of Building Safety, HVAC Bureau, 1090 East Watertower Street, Meridian, ID 83642.**

**ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00,
AS PER IDAHO CODE 28-22-105.**

Name: _____ Date of Birth: _____

Social Security #: _____ Telephone #: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip Code: _____

**THE CORRECT NAMES AND ADDRESSES OF YOUR LAST TWO HVAC EMPLOYERS MUST BE LISTED BELOW
STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. (EMPLOYMENT IN OTHER THAN THE HVAC
TRADE WILL NOT BE CONSIDERED.)**

1. _____ From: _____ To: _____
Present Employer Mo/Day/Year Mo/Day/Year

Address: _____ Telephone #: _____

2. _____ From: _____ To: _____
Previous Employer Mo/Day/Year Mo/Day/Year

Address: _____ Telephone #: _____

Have you attended any related training classes? Yes: _____ No: _____

If "YES", give name and address of school and dates of attendance:

From: _____ To: _____
Mo/Day/Year Mo/Day/Year

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED

I UNDERSTAND THAT I MUST:

- 1. Work under the constant on-the-job supervision of a certified HVAC journeyman or certified HVAC contractor.**
- 2. Maintain a current apprentice HVAC registration.**

TO BE SIGNED BY APPLICANT IN THE PRESENCE OF A NOTARY PUBLIC

I, (print) _____, being first duly sworn, do hereby certify that the statements on the application for apprentice registration are true and correct.

Applicant's Signature

Subscribed and sworn to before me this _____ Day of _____, 20_____

Notary Public For: _____

Commission Expires: _____

TO BE SIGNED BY PRESENT EMPLOYER IN THE PRESENCE OF A NOTARY PUBLIC

I, (print) _____, being first duly sworn, do hereby certify that I am engaged in the HVAC business as a certified HVAC contractor in the state of Idaho; that the applicant is employed by me as an HVAC apprentice and that I have read the foregoing application and believe that the statements made by the applicant therein are true and correct to the best of my knowledge.

HVAC Contractor's Signature

HVAC Contractor's License Number

Subscribed and sworn to before me this _____ Day of _____, 20_____

Notary Public For: _____

Commission Expires: _____

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EMPLOYER'S VERIFICATION FORM

THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.

Applicant Name: _____

Dates of Verification: _____
From: _____ To: _____

THIS VERIFICATION MUST BE SIGNED AND NOTARIZED

The Applicant named above is/was employed by our company performing HVAC Installations.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Fax Number: _____ Telephone Number: _____

Contractor License Number: _____

Signature of Employer

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed And Sworn To Before Me This _____ Day of _____, 20 _____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES : _____